SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

	State of N
JARY Kellen ASS	3 <i>0</i>
ndidate's Name(print) Office	District (if applicable)
628 Shapy Oak Dr. Span	L89434 359-3
iling address (include city and kip code)	Telephone Number
REPORT NUMBER 1 - DUE AUG Report Period Began: December 17, 1994, for an office Report Period Began: December 21, 1996, for an office Report Period Began: December 19, 1998, for an office	with a six year term with a four year term
Report Period Ends: August 23, 200	00 28 20
Cash on hand from previous campaign (should equal the base of unspent contributions report), if any CONTRIBUTIONS SUMMARY	•
1. Total Amount of contributions in excess of \$100	\$126.00
2. Total amount of contributions of \$100 or less	
Actual number of contributions of \$100 or less	
3. Interest and income earned, if any	Ø
4. TOTAL AMOUNT OF ALL CONTRIBUTIONS	
(add lines 1 through 3)	\$ 126.00
EXPENSES SUMMARY	
5. Total amount of expenses in excess of \$100	8/ 126 00
6. Total amount of expenses of \$100 or less	
7. Expense for filing fee	\$\frac{100.00}{226.00}
8. TOTAL AMOUNT OF ALL EXPENSES	Man (as
	4/26.00

ith If ye

I declare under penalty of perjury that the foregoing is true and correct.

CAMP	AIGN	CONTR	IBUTIONS	

REPORT PERIOD Number 1

BARY Keller	ASS	30
Candidate's Name (print)	Office	District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTION'S NAME AND ADDRESS JAMES COOPER 2861 MONTE VENDE Spanks NU 87484	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK /	CHECK/ IF IN KIND
JAMES COOPER 2861 MONTE VERPE Spanks NU 87484		\$12600		

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Gang Kellon	Aiss	30	
Candidate's Name (print)	Office	District (if applicable)	

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION CO	AMOUNT OF EACH NTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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PAGE	OF
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GARY	Kellen

ASS

30

Candidate's Name (print)

Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	126.00
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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GARY	Kellen	ASS	30	
Candidate's Name	e (print)	Office	District (if applicable)	

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON. GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
	Camp Mot.	Į	\$126.00

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GANY Kollen	ASS	30
Candidate's Name (print)	Office	District (if applicable)

Expenses of \$100 or Less

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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY		DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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